

KANSAS DEPARTMENT OF AGRICULTURE
Meat and Poultry Inspection Program – Records Center
 109 SW 9th Street
 Topeka, KS 66612
 (785) 296-3511

Kansas Establishment Number _____

Federal Establishment Number _____

APPLICATION FOR REGISTRATION

Calendar Year 2007

Please check the box or boxes which apply to your operation:
☐ Red Meat/Rabbit ☐ Poultry ☐ Federal ☐ Wholesaler/Distributor ** ☐ Public Warehouseman **
Annual Registration fee of \$50 for the following (MMB):

Broker ☐
 Animal Food Manufacturer..... ☐
 Small/Seasonal Slaughter Facility..... ☐
 State-Owned Facility at Regent Institution ☐
 Facility at Public Secondary School ☐

Custom – Annual Registration fee of \$200 for the following (MCF):

Custom Slaughter Facility ☐
Custom Processing Facility ☐
Custom Slaughter and Processing Facility ☐

Annual Registration Fee of \$150 for the following (MSF):

Inspected Facility Slaughtering 300 animal units or
 less per year* ☐
 (Based on previous year slaughter) ☐

Inspected – Annual Registration fee of \$250 for the following (MSP):

Inspected Facility Slaughtering more than 300 animal
 units per year* (Based on previous year slaughter) ☐
Inspected Processing Facility ☐
Inspected Slaughter and Processing Facility ☐
Federally Inspected Facility ☐

* Animal units shall be computed by using one unit for each bovine, bison, horse or other equine; .6 unit for each swine; .4 unit for each sheep or goat; and specified by rule and regulation for other animal units. (Slaughter-only facility: for processing other than quartering, register as **Inspected**.)

** No fee applicable for Wholesaler/Distributor and Public Warehouseman; Registration only required. All registrations not received by January 15, 2007 are **subject to late fees**. (New facilities registering for the first time do not pay late fees. They pay only the fees applicable to their registration.)

Firm Name _____

Address _____ City _____ Zip _____

Phone # _____ County _____ Federal Tax ID# _____

This establishment is owned by:

An Individual: _____ (Name) A Partnership: _____ (Name)

A Corporation:
 Incorporated in the state of _____ .

List all persons, individuals, partners, officers, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Department of Agriculture within 30 days of any changes in the listing given.

Name	Title	Street and Number City, State, Zip Code	Holder or More than 10% of voting stock? (Check)	
			Yes	No

Name of each person listed above who has been convicted in any Federal or State court of (1) any felony based upon acquiring, handling, or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food or of (2) more than one violation of any law, other than a felony, based upon acquiring, handling or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted.

AGREEMENT AND CERTIFICATION: If inspection and registration is granted under this application, I (we) expressly agree to conform strictly to the Kansas Meat and Poultry Inspection Act (K.S.A. 65-6a18 et seq. as amended) and the requirements of the regulations promulgated by the Secretary governing the Inspection of Meat and Meat Food Products or the inspection of Poultry and Poultry products, or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

Printed Name of Person signing application _____

Signature of Owner, Partner, or Authorized Officer _____

Title _____

FOR OFFICE USE ONLY

This institution is an equal opportunity provider.

<u>Fee Code</u>	<u>Transaction Number</u>	<u>Receipt Date</u>	<u>Check No.</u>	Exemption Status: Custom _____
_____	_____	_____	_____	
_____	<u>MLP</u>	_____	_____	

